

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295001</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/13/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LEFA SERAN SNF</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1ST AND A ST/ PO BOX 1510 HAWTHORNE, NV 89415</b>			
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of the Medicare recertification survey conducted at your facility on October 11, 2010 through October 13, 2010, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities.</p> <p>The census was 20 residents. The sample size was 8 sampled residents which included 1 closed record.</p> <p>One complaint was investigated during the survey.</p> <p>Complaint #NV00026730 was unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>			F 000			
F 156 SS=D	<p>The following deficiencies were identified: 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in</p>			F 156			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 156	<p>Continued From page 1 writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending</p>	F 156					

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F 156	<p>Continued From page 2 down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p>			F 156			

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F 156	Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a consent was signed prior to administering a psychotropic medication for 1 of 10 residents (Resident #4).  Findings include:  Resident#4  Resident #4 was admitted to the facility on 8/26/10, with diagnoses that included unstable angina, atrial fibrillation, and dementia.  Resident #4's record revealed an admission order for Zyprexa 2.5 milligrams (mg) to be given orally twice a day. On 8/30/10, an order was written to increase the afternoon dose of Zyprexa to 5 mg. Further review of the resident's record failed to reveal a consent for the administration of the medication.  On 10/13/10, Employee #6 reported consents were to be obtained prior to administration of psychotropic medications.			F 156			
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a			F 157			

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F 157	<p>Continued From page 4</p> <p>deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was contacted in a timely manner for 1 of 10 residents (Resident #6).</p> <p>Findings include:</p> <p>Resident #6</p> <p>Resident #6 was admitted to the facility on 3/19/09 with diagnoses that included aphasia, hemiplegia, peripheral neuropathy and chronic obstructive pulmonary disorder.</p>			F 157			

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F 157	<p>Continued From page 5</p> <p>Resident #6's record revealed on 8/29/10, the night nurse noted "the rash in (Resident #6's) groin does not appear to be improving. In fact, the skin on his scrotum and in the folds between his upper thigh and buttocks are so red and raw that it bleeds when it is cleaned... (Resident #6's) affect has been noted to be somber and rather tearful over the past few days. There is a concern that this rash may be having a negative impact upon his mood. A request for a consult from his primary care provider should be made."</p> <p>A note by the social worker on 9/4/10 documented a "serious rash that covers his lower abdomen... and bothers him greatly. (Resident #6) states that it often itches and burns and that the 'cream that they are using isn't helping at all' He became tearful in talking about the situation and was able to acknowledge that he is 'embarrassed'."</p> <p>The physician progress notes revealed Resident #6 was seen by his primary care provider on 9/8/10 and Mycolog II cream was ordered to be applied topically for 14 days. A Foley catheter was ordered for one week to keep the resident dry.</p> <p>On 10/13/10, Employee #6 was interviewed and reported requests for a physician to see a resident were entered electronically, except for Resident #6's provider, who preferred to be notified by telephone. Employee #6 reported that Resident #6's provider had been ill and was unable to see the resident any sooner than the ten days.</p>			F 157			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS			F 281			

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F 281	<p>Continued From page 6</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to administer the drugs Dilantin and Artificial Tears according to professional standards for 2 of 10 residents (Residents #7, #10).</p> <p>Findings include:</p> <p>Resident #7</p> <p>The resident was admitted to the facility on 5/16/06, with diagnoses including anoxic brain damage, persistent vegetative state, seizure disorder, methicillin resistant staphylococcus aureus tracheitis and bronchitis, diabetes, congestive heart failure.</p> <p>On 10/12/10 during medication administration, Employee #5 was observed administering Dilantin Suspension via Resident #7's enteral feeding tube. The drug was administered immediately prior to the administration of the resident's enteral feeding.</p> <p>Review of the Nursing 2009 Drug Handbook revealed enteral feedings may interfere with the absorption of Dilantin Suspension and indicated enteral feedings should be stopped for two hours before and after Dilantin administration.</p> <p>Review of the 2007 Drug Information Handbook for Nursing, 8th edition, revealed that tube feedings decrease Dilantin absorption and</p>			F 281			

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F 281	<p>Continued From page 7</p> <p>feedings should be held for two hours before and after an enteral feeding.</p> <p>Resident #10</p> <p>The resident was admitted to the facility on 4/2/10, with diagnoses including vascular dementia, congestive heart failure and diabetes.</p> <p>On 10/12/10 during medication administration, Employee #5 administered Artificial Tears to the resident while she was in the dining room. The employee placed the drops into the resident's eye but did not place the drops into the conjunctival sac.</p> <p>Review of the facility's policy and procedure entitled "Medication: Eye Drops or Ointment" effective 4/1/00, eye drops were to be instilled into the lower conjunctival sac.</p> <p>Review of the Lippincott Manual of Nursing Practice, Ninth Edition, revealed eye drops were to be administered into the lower conjunctival sac.</p>			F 281			
F 332 SS=D	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and document review, the facility failed to ensure it was free of a medication error rate of five percent or greater.</p>			F 332			



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F 332	<p>Continued From page 8</p> <p>Findings include:</p> <p>On 10/12/10, medication administration was observed. There were a total of 40 medications administered with three errors resulting in a 7.5% error rate.</p> <p>Medication errors included the following:</p> <p>1) Incorrect dosage: Resident #10 - The nurse administered one drop of Artificial Tears to each eye. The resident's medication administration record did not indicate the number of drops she was to receive in each eye. Employee #5 acknowledged the medication administration record (MAR) did not indicate the number of drops to be given. Employee #5 reported staff just gave one drop in each eye. Record review revealed the physician ordered two drops of artificial tears for each eye.</p> <p>2) Form of medication not given as prescribed: Resident #9 - Enteric coated Aspirin, 325 mg. was administered to the resident. Aspirin 325 mg was ordered for the resident.</p> <p>3) Medication administered with enteral feeding: Resident #7 - Dilantin Suspension was administered to the resident via a feeding tube. Following Dilantin administration Employee #5 immediately administered an enteral feeding via the feeding tube. Administration of Dilantin Suspension within two hours before or after an enteral feeding may decrease the absorption of the drug as per the Nursing 2009 Drug Handbook.</p>			F 332			
F 356 SS=B	483.30(e) POSTED NURSE STAFFING INFORMATION			F 356			

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F 356	<p>Continued From page 9</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure the posted staffing hours included all the required information.</p> <p>Findings include:</p>			F 356			

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F 356	Continued From page 10 On 10/11/10 and 10/12/10, the white board in the dining/activity room was observed. The information on the white board included the date, nursing hours, and certified nursing assistant hours. The listing failed to include the name of the facility or the current resident census. On 10/12/10 at 1:00 PM, the white board was again observed and the information had not been updated from the previous day.			F 356			
F 368 SS=D	<p>483.35(f) FREQUENCY OF MEALS/SNACKS AT BEDTIME</p> <p>Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community.</p> <p>There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except as provided below.</p> <p>The facility must offer snacks at bedtime daily.</p> <p>When a nourishing snack is provided at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to ensure snacks were offered to the residents at bedtime.</p> <p>Findings include: On 10/12/10 a group interview was conducted</p>			F 368			

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F 368	Continued From page 11 with six residents. The residents reported they did not receive bedtime snacks.  On 10/12/10, Employee #4 was interviewed. He reported the kitchen did not prepare a tray of bedtime snacks for the residents. He reported there were snacks available for the residents in the nourishment center.			F 368			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted			F 441			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295001</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/13/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LEFA SERAN SNF</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1ST AND A ST/ PO BOX 1510 HAWTHORNE, NV 89415</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 441	<p>Continued From page 12 professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and document review, the facility failed to take the proper precautions to prevent the spread of infections.</p> <p>Findings include:</p> <p>On 10/12/10 during medication administration, Employee #5 was observed repeatedly touching the resident's medications with his bare hands while preparing them for administration. Medications removed from bottles and blister packs were routinely touched by the nurse's bare hands and, at times, touched and returned to stock medication containers.</p> <p>Resident #7</p> <p>The resident was admitted to the facility on 5/16/06, with diagnoses including anoxic brain damage, persistent vegetative state, seizure disorder, methicillin resistant staphylococcus aureus tracheitis and bronchitis, diabetes and congestive heart failure. Record review also revealed the resident had a pseudomonas infection.</p> <p>Observation of the resident's room revealed signs</p>			F 441			

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F 441	<p>Continued From page 13</p> <p>at the entrance to the room which indicated droplet precautions and contact precautions were required to enter the resident's room and care for the resident. Outside the resident's room, a cart containing masks, gowns and gloves was observed.</p> <p>On 10/12/10, Employee #5 was observed entering Resident #7's room. The employee donned a mask but did not wear gloves or a gown while administering a tube feeding to the resident via his feeding tube. Employee #5 touched the feeding tube with his bare hands and stood directly up against the patient's bed during the feeding procedure.</p> <p>On 10/12/10, Employee #3 confirmed the resident was on contact and droplet precautions. Employee #3 revealed the facility followed guidelines established by the Center for Disease Control (CDC). Employee #3 confirmed Employee #5 was required to wear gloves and a gown when feeding and administering medications to the resident.</p> <p>Review of CDC Guidelines for Isolation Precautions 2007, revealed standard precautions were to be followed while caring for a patient on droplet and contact precautions. Standard precautions required caretakers to wear gloves when touching blood, body fluids, secretions, excretions and contaminated items.</p> <p>As per CDC guidelines, contact precautions required gloves to be worn for individuals known or suspected to be infected or colonized with epidemiologically important microorganisms which could be transmitted by direct contact (hand or skin to skin contact that occurs when</p>			F 441			

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F 441	Continued From page 14 performing patient care activities), when touching environmental surfaces or patient care items within the patient environment. Healthcare personnel caring for patients on contact precautions wore a gown and gloves for all interactions which may involve contact with the patient or potentially contaminated areas in the patient's environment.			F 441			
F 498 SS=D	<p>483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS</p> <p>The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure newly hired certified nursing assistants demonstrated competency in skills and techniques necessary to care for residents (Employees #7, #8, #9).</p> <p>Findings include:</p> <p>On 10/13/10, personnel records were reviewed and revealed:</p> <p>Employee #7: Date of hire 2/2/10. No evidence of performance competency in record.</p> <p>Employee # 8: Date of hire 6/21/10. No evidence of performance competency in record.</p> <p>Employee # 9: Date of hire 7/12/10. No evidence of performance competency in record.</p>			F 498			

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F 498	<p>Continued From page 15</p> <p>On 10/13/10, Employee # 6 was interviewed. Employee #6 reported the competencies were done annually beginning in October. Employee #6 confirmed competencies had not yet been completed for Employees 7, 8, and 9.</p>			F 498			